

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

- ☒ COVERING JANUARY 1 - JUNE 30, 2008 - DUE AUGUST 15
☐ COVERING JANUARY 1 - DECEMBER 31, _____ - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

579
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8/13/08

8/13/08 LR

3071933

1. Name: Kreller Kelli (Enzon Pharmaceuticals)
Last First MI
2. Business Address: 233 Oak Dale Dr. Gretna, LA 70056
Street and No. City State Zip
Mailing Address: Same

3. Business Phone: 908-566-5848
Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 326.63
(Include expenditures from Schedules A and B)
5. Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A
(When Applicable) (Include expenditures from Schedules A and B)
6. Total of all executive lobbying expenditures made during calendar year: \$ 326.63
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30
From July 1 through December 31

Yes ☐
Yes ☐

No ☒
No ☐

NA ☒

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30
From July 1 through December 31

Yes ☐
Yes ☐

No ☒
No ☐

NA ☒

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes ☐

No ☒

If the answer to Number 9 above is YES, complete Schedule B and attach.

EXECUTIVE LOBBYING EXPENDITURE REPORT

Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: Department of Health and Hospitals
 - b. Total of all expenditures made January 1 through June 30: \$ 326.63
 - c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
 - d. Total of all expenditures made during the calendar year: \$ 326.63
- 2) a. Name of Department: _____
 - b. Total of all expenditures made January 1 through June 30: \$ _____
 - c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
 - d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department: _____
 - b. Total of all expenditures made January 1 through June 30: \$ _____
 - c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
 - d. Total of all expenditures made during the calendar year: \$ _____

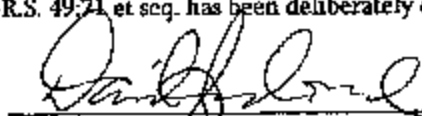
11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: Dept. of Health and Hospitals, Louisiana Board of Pharmacy
 - b. Total of all expenditures made January 1 through June 30: \$ 326.63
 - c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
 - d. Total of all expenditures made during the calendar year: \$ 326.63

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist Assistant General Counsel
for Euron Pharmaceuticals, Inc.